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CONFIRMATION NO. 6474

<b>SERIAL NUMBER</b> 10/768,292	<b>FILING OR 371(c) DATE</b> 01/29/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 51880/CAB/R2682
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/476,627 10/30/2003 which is a 371 of PCT/US02/14167 05/02/2002 which claims benefit of 60/288,215 05/02/2001 and claims benefit of 60/372,724 04/11/2002  
 This application 10/768,292 claims benefit of 60/443,717 01/29/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

NONE.

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED** \*\* SMALL ENTITY \*\*

\*\* 06/28/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 30	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 5
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**ADDRESS**  
23363

**TITLE**  
Methods and reagents for treating neurodegenerative diseases and motor deficit disorders

<b>FILING FEE RECEIVED</b> 536	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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